



The Journal

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June 1, 2017

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Rolling Thunder 2017

Photos by MC3 William Phillips

A group of motorcyclists rode from Naval Support Activity Bethesda to Washington, D.C. May 28 to participate in Rolling Thunder.

Rolling Thunder strives to affect national policy in a way that will assist POW/MIA's.



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Bethesda Notebook

Flag/GO, Senior Enlisted Leadership Panel

All are welcomed to attend a Flag/GO and Senior Enlisted Leadership Panel on June 1 at 2 p.m. in Memorial Auditorium. Panel members will discuss and answer questions concerning mentoring, leadership development and career progression. Scheduled panel members include Maj. Gen. Dorothy Hogg, Rear Adm. Colin Chinn, Rear Adm. David Lane, Brig. Gen. R. Scott Dingle, Rear Adm. Joan Hunter, retired Sergeant Maj. Of the Army Kenneth Preston and retired Master Chief Petty Officer of the Navy Joe Campa. Lane and the Junior Officer Council at Walter Reed Bethesda are sponsoring the event.

Pre-retirement Seminars

Two-day pre-retirement seminars, open to Walter Reed National Military Medical Center's Department of Defense GS employees planning to retire within the next five years, are scheduled for June 6-7, July 26-27, and Aug. 22-23. Pre-registration is required. Registration forms are available on the National Capital Region, Medical Directorate MD website: www.capmed.mil/, and on the WRNMMC and Fort Belvoir Community Hospital banners. For more information, contact dha.bethesda.wrnmmc.list.preretirement-seminar@mail.mil.

Master Clinician Recognition

Walter Reed Bethesda's Master Clinician Recognition Program will be June 16 at noon in Memorial Auditorium. All staff members are invited. The program recognizes the medical center's master and associate master clinicians.

Fleet, Family Support Center

The Fleet and Family Support Center on Naval Support Activity Bethesda offers programs intended to assist service members and their families with military life. FFSC workshops and seminars include: job search strategies for military spouses; federal resume writing; time management; credit management; consumer financial awareness; interview skills; pre-deployment briefings; return and reunion briefings; and more. For more information, call 301-319-4087, or visit FFSC in Building 11, first floor.

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From Engine Repair to Patient Care

Sailor Finds New Career Path After Accident

By Andrew Damstedt
The Journal

Machinist's Mate 2nd Class Jake Lange never thought about physical therapy as a career when he was aboard the USS Kearsarge working with the ship's engines, but that's what fills his days now after he was hit by a drunk driver in 2014.

The 23-year-old from Connecticut was looking forward to a career in the U.S. Navy, but plans changed after his accident on Dec. 27, 2014. Now, four days a week, Lange finds himself in the Walter Reed Bethesda (WRB) physical therapy department working with the same people who helped him during his recovery.

"I guarantee there are other people in my position that are dealing with the same issues of what to do, so maybe I could use my recovery story to help them through theirs," Lange said.

Lange was walking to get his Jeep so he could help get his buddy's truck unstuck from the mud when he stopped to talk to two guys asking if they could help. "Then, next thing," he said, there was a drunk driver who came down the road, "hit me and [the impact] threw me up and over the car and in the road and then another car ran me over."

His injuries included damage to his vertebrae, a shattered elbow, a dislocated left shoulder, a broken shoulder blade, torn ligaments in his left knee, and a traumatic brain injury.

For a long time after his accident, Lange believed he was going to get better and he would return to active duty.

"The first year I was here I was like 'I am gonna get better and I'm gonna go back,'" he said. "But after I had my shoulder surgery and it was an 11-hour operation and I still didn't go back to a normal arm, I was like, this is probably not in the running. I went back to my ship when they [returned] from deployment and I went into the engine room and up the stairs and my knee was killing me. I was like, 'Yeah, I don't think I'll be able to do this.'"

So, with assistance from Navy Wounded Warrior Safe Harbor, Lange secured an internship with the physical therapy department. He's been working with physical



PHOTO BY ANDREW DAMSTEDT

Machinist's Mate 2nd Class Jake Lange is interning with Walter Reed Bethesda physical therapy department. He is working with the same people who helped him during his recovery.

therapists and physical therapists assistants in the Traumatic Brain Injury unit.

"He has the insight of how hard it is to go through the pain, to go through the frustration, to go through the disappointment, to go through the uncertainty," said Carla Alexis, WRB physical therapist, who helped Lange when he first came to physical therapy. "So his having been in their shoes and having been on the receiving end of therapies and getting pushed and being supported to move forward,

he's able to do the same thing for others now."

When he first arrived, Alexis said, Lange didn't want to open up to anybody and wasn't interested in others around him.

"Before it was 'I'm going to go back to my engines, I don't like people,'" she said.

But over time, "he started to develop that empathy, but could also see himself going to school ... it was getting to see him really develop into this young man who was open to new things and new experiences."

Lange has mainly worked with stroke patients and he said he likes to see them improve in their abilities, recounting how one patient was able to progress toward normal walking again.

"They're happy about it, so you get happy about it," he said.

Lange said being a part of someone's recovery is a big part of why he wants to pursue physical therapy as a career.

"To be able to turn something so bad in my life – because at one point they were all saying I was going to die," he said candidly. "To transform it into something positive and have patients [ask], 'You were a patient over here?' ... and I tell them my story and they look at me and say 'Wow, I thought I was bad. It's kind of like if you can do it, I should be fine.'

Lange is awaiting medical retirement from the service. Once he leaves the Navy, he plans on enrolling in a physical therapist assistant program at the New England Institute of Technology.

Chris Brown and David Martin, physical therapist assistants, give Lange homework to review on his days off.

"He's definitely going to have a head start when he starts school," Martin said. "Just being around here, and knowing the terminology and what he's going to be learning."

Brown adds that Lange has a notebook full of notes of topics they've assigned him to research, such as the muscle groups and exercises associated for those groups. They both say they're amazed at how far Lange has improved since he was first brought to the medical center following his accident.

"He could've died," Brown said. "He had that halo [neck brace] on because he fractured his neck."

Martin said Lange is close to where he was before his accident, with no speech deficits, and has a good memory.

"The fact that he's able to learn something new is pretty big for a brain injury," Brown said. "A lot of times that's the hardest thing. They remember what they used to do, but teaching them a new task is pretty hard."

Lange said he's learned a lot from his internship and he likes helping people in their recovery.

"It's going to sound corny, but the happiness of being able to see someone who's hurt do something they weren't able to do and see how happy it makes them, I'm just like 'Yeah, I had a part of that,'" Lange said.

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WRNMMC Earns “Baby-Friendly” Status

**By Kalila Fleming
WRNMMC Command Communications**

Walter Reed National Military Medical Center recently received recognition as a “baby-friendly” birth facility by Baby Friendly USA.

Baby-Friendly USA, Inc. is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative, a global program sponsored by the World Health Organization and the United Nations Children’s Fund. The program’s primary purpose is to encourage and recognize hospitals and birthing centers providing an optimal level of care for breastfeeding mothers and their babies.

The “Baby-Friendly” designation is given after a rigorous on-site survey is completed, according to Baby-Friendly USA, Inc. The award is maintained by continuing to practice the Ten Steps to Successful Breastfeeding as demonstrated by quality processes.

Hospitals and centers who earn the baby-friendly distinction must have successfully implemented the Ten Steps at their facilities. These steps include: having a written breastfeeding policy that is routinely communicated to all health-care staff; training all health-care staff in skills necessary to implement this policy; informing all pregnant women about the benefits and management of breastfeeding; helping mothers initiate breastfeeding within one hour of birth; showing mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants; giving infants no food or drink other than breast milk, unless medically indicated; practicing rooming in (allowing mothers and infants to remain together 24 hours a day); encouraging breastfeeding on demand; giving no pacifiers or artificial nipples to breastfeeding infants; and fostering the establishment of breastfeeding support groups, and referring mothers to them upon discharge from the hospital or birth center.

According to the preamble to the U.S. Baby-Friendly Guidelines and Criteria, breastfeeding has been found to be the single most powerful and well-documented preventative modality available to health-care providers to reduce the risk of common causes of infant morbidity.

The preamble also includes studies that have shown in breastfed infants, there are significantly lower rates of diarrhea, otitis media,

lower respiratory tract infections, Type 1 and Type 2 diabetes, childhood leukemia, necrotizing enterocolitis, and Sudden Infant Death Syndrome. Additionally, women who breastfeed have a lower risk of Type 2 diabetes and breast and ovarian cancers.

The Obstetrics Clinic staff at WRNMMC has created pamphlets to encourage soon-to-be mothers to breastfeed. Lead Lactation Consultant, Leasa Freese, said, “Staff supports new mothers regardless of their baby-feeding methods.” She added, “Practicing rooming-in, allowing mothers and infants to remain together 24-hours a day is something we encourage.”

So, what does it take for a hospital to become a baby-friendly facility?

According to the BFHI, the process includes “a comprehensive, detailed and thorough journey towards providing evidence-based, maternity care with the goal of achieving the ideal feeding outcomes and mother/baby bonding.” Furthermore, it urges facilities to “examine, challenge, and modify longstanding policies and procedures, as well as requiring training and skill building among the staff.”

Why should parents look for a birthing hospital with a baby-friendly designation?

According to the preparatory booklet created by Freese and fellow nurse Tonia Benfield it included that, “Parents will receive exclusive care to help them prepare to initiate and determine duration of the breastfeeding process.” It also included that, “Mothers and families will also have the opportunities to develop a bond.”

Freese explained that staff members in the Obstetrics Clinic are “there to empower parents.” She added that, “once you lay a baby on a mother’s chest, the fear of breastfeeding subsides, because the baby knows how to breast-feed.”

Army Lt. Col. Dorene Owen, chief nurse in the Labor and Delivery unit, explained why expectant mothers should receive their maternity care as well as deliver their babies at the medical center. She explained WRNMC provides an educated staff that can help at any stage.

According to Baby Friendly USA, there are more than 20,000 designated Baby-Friendly hospitals and birth centers worldwide, and currently 427 active Baby-Friendly hospitals and birth centers in the United States.

For more information about Walter Reed National Military Medical Center’s designation as a baby-friendly hospital, contact the Obstetrics Clinic at 301-295-6158.

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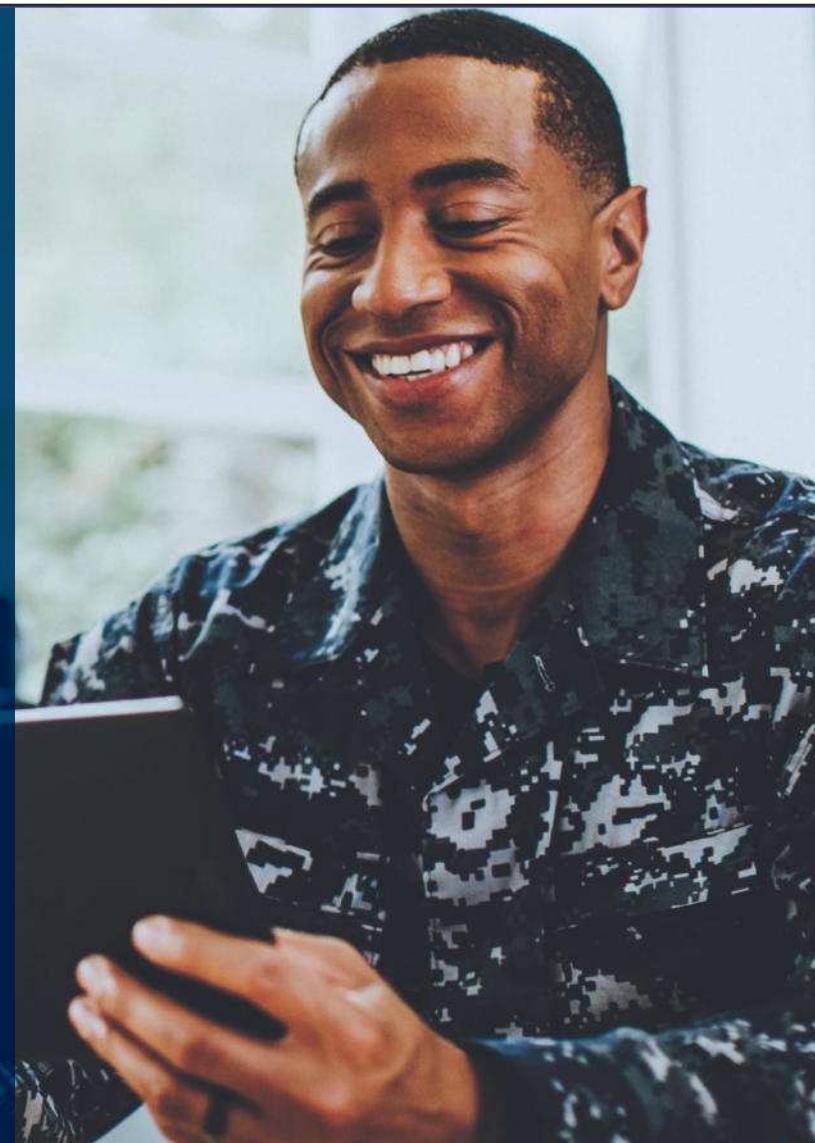
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Osseointegration offers amputees a revolutionary new option in prosthetics

**By AJ Simmons
WRNMMC Command Communications**

In the past few years, the work in prosthetics at Walter Reed National Military Medical Center (WRNMMC) has taken continuous steps forward. One of the most significant steps in recent history was the development of one of the first American osseointegration programs in the field.

The osseointegration program at WRNMMC, led by the work of Navy Cmdr. (Dr.) Jonathan Forsberg and Army Lt. Col. (Dr.) Kyle Potter, began its clinical trials in February of 2016 and placed its first compress-based, osseointegrated prosthesis in May of 2016.

"In the simplest terms, osseointegration refers to the direct skeletal attachment of a prosthesis," explained Potter. "So we're putting an implant into the bone and bringing it out through the skin."

Forsberg and Potter were first drawn to the field of prosthesis—which then led them to osseointegration.

"Both Dr. Potter and myself noticed that there was a lack of osseointegration expertise within the Department of Defense (DoD), and we were well-positioned to bring that to the DoD," said Forsberg.

While osseointegration in the DoD is still in its infancy as a program, Potter explained that the current advantages are considerable for patients who experience difficulty with conventional, socket-based prosthetics.

"A lot of discomfort and functional limitation are associated with socket-related problems," said Potter. "[Osseointegration] gets rid of all socket related problems—whether it's



Army Lt. Col. (Dr.) Kyle Potter directed much of his research interests to help develop new methods of amputation and prosthesis in order to address what he felt was a neglect of the young, active duty amputee patient population.

pain, ulceration, pinching, sweating or difficulties with socket fit and suspension."

Potter also elaborated that there are additional benefits to osseointegration. By anchoring the prosthesis directly to the bone, patients are capable of much more articulate and precise movement of their prostheses. This also offers patients an improved sense of osseoproprioception—the ability to feel where their residual limb is in space without needing to look at it.

Forsberg explained that by bypassing the methods of socket-based prostheses, osseointegration can get patients out of wheelchairs and make them more functional. Additionally, through osseointegration, patients that prefer not to wear an upper-extremity prosthesis can use a more contemporary or even robotic device.

The osseointegration program at WRNMMC got its start in part from Forsberg's work with Dr. Rickard



Navy Cmdr. (Dr.) Jonathan Forsberg helped to conceive the Department of Defense's Osseointegration program while heading the Department of Regenerative Medicine at the Naval Medical Research Center (NMRC).

Bränemark, a Swedish orthopedic surgeon who helped to pioneer the method with his research team.

"It's a little out there, attaching a prosthetic to the skeleton," said Forsberg. "But we're standing on the shoulders of giants. The Swedish group has 20+ years of experience, and we're lucky to have Rickard Bränemark as one of our most trusted advisors and collaborators."

"Right now in the United States, osseointegration is really in its infancy," said Potter. "And so we're taking this in a very conscientious and stepwise fashion in terms of the progression of who we think this is best indicated for. What we're really trying to do is provide the full spectrum of care to any service member with limb loss to optimize the functional capabilities of that individual."

Part of the reasoning for this

conscientious and stepwise approach, as Forsberg explained, is the unique nature of the patients that he and Potter treat.

"Not all osseointegrated implants are the same," Forsberg pointed out. "Blast victims have unique anatomic considerations that we must take into account before we decide which implant is appropriate." He noted that patients injured in blasts have a potentially higher risk of infection, and that requires that the osseointegration department proceed more carefully and pursue implants that are able to be revised in cases of infection.

As the field of osseointegration continues to develop in the United States, both Potter and Forsberg stress the importance of safety above all else.

"Right now we're still in the process of determining if osseointegration is safe and efficacious in the military," explained Forsberg. "Once we can define the complication profiles of osseointegration, we might be able to offer it to a wider range of patients, rather than only patients with high transfemoral amputations or transhumeral amputations."

"We're getting better all the time," said Potter. "I think the first thing we have to do is show that this is safe and effective. We're already working on iterations 2.0 and 3.0 to make the devices better and safer."

As far as the future of the field, Forsberg and Potter hold high hopes for the continued progression and development of osseointegration while maintaining their consistent focus on safety at all times.

"We want to help people," said Potter. "And so I would like to see it grow, but grow in a controlled fashion so that we're helping the maximum number of patients and hurting as few as possible, if any."



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